SI-550

19-636132

Read instructions before completing this form.

Cooperative and Foreign Corporations)

 $\label{local_interpolation} \textbf{IMPORTANT} \leftarrow \textbf{Read instructions before completing this form}.$

Fees (Filing plus Disclosure) - \$25.00;

Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees 112 J

 Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

C T CORPORATION SYSTEM

FILED
Secretary of State
State of California
AUG 2 7 2019

31/NF/CC/25R 8-29-19

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C0168406

| 3. Business Addresses | | | | | | | |
|---|--|---|-------------------------------------|----------------------------|-------------------|--------|--|
| a. Street Address of Principal Executive Office - Do not list a P.O. Box 28 LIBERTY ST | | | City (no abbreviations) NEW YORK | State Zip Code NY 10005 | | | |
| b. Mailing Address of Corporation, if different than item 3a | | | City (no abbreviations) | State Zip Code | | | |
| c, Street Address of Principal California Office, if any and if different than item 3a - Do not list a P.O. Box 818 SEVENTH STREET, STE 930 | | | City (no abbreviations) LOS ANGELES | State | 00047 | | |
| 4. Officers | | quired to list all three of the officers set for be added; however, the preprinted titles o | | e Chief Executive | Officer and | Chief | |
| a. Chief Executive Officer/ JOHN | First Name | Middle Name | Last Name WEBER | | | Suffix | |
| Address 28 LIBERTY ST 42ND FL | | | City (no abbreviations) NEW YORK | State NY | Zip Code 10005 | | |
| b. Secretary ROBERT | First Name | Middle Name | Last Name INGATO | | | Suffix | |
| Address 28 LIBERTY ST 26TH FL | | | City (no abbreviations) NEW YORK | State NY | Zip Code 10005 | | |
| c. Chief Financial Officer/ SANDER | First Name | Middle Name | Last Name VAN DAM | | | Suffix | |
| Address 28 LIBERTY ST 43RD FL | | | City (no abbreviations) NEW YORK | State NY | Zip Code 10005 | | |
| 5. Director(s) | California Stock and Agricultural Cooperative Corporations ONLY: Item 5a: At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions). | | | | | | |
| a. First Name | | Middle Name | Last Name | | | Suffix | |

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.

| a. California Agent's First Name (if agent is not a corporation) | Middle Name | Last Name | | | Suffix |
|---|-------------------------|-----------|-------|----------|--------|
| | | | | | |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbreviations) | | State | Zip Code | |
| | | | CA | | |

CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b NATIONAL REGISTERED AGENTS, INC. (C1941323)

7. Type of Business

Address

Describe the type of business or services of the Corporation

b. Number of Vacancies on the Board of Directors, if any

SERVICES TO BUSINESSES

8. The Information contained herein, including in any attachments, is true and correct.

08/27/2019

ERIN M. SANDERS

Type or Print Name of Person Completing the Form

ASST SECRETARY

City (no abbreviations)

Title

State

Zip Code